BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09758775

		CLAIMS AS	S FILED - (Column			mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							F	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		. 15		×	(\$ 9=		OR	X\$18=	270.00
INDEPENDENT CLAIMS			(minus 3 =		*		>	(40=		OR	X80=	80.00
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					135=		OR	+270=	0,4,4,0
* if	the difference	in column 1 is	less than zero, enter "0" in			column 2	T	OTAL		OR	TOTAL	1060.00
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						SMALL ENTITY OR				OTHER THAN	
	1-1-111-17	(Column 1) CLAIMS		HIGH		(Column 3)	T.		ADDI-			ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	· 33	Minus	•35		= 7	X	\$ 9= -		OB	X\$18=	
	Independent	• 4	Minus	9	/ 	=	X	40=		OR	-X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+	135= (OR	+270=	
•	·						400	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADU	111. FEE			ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	\ \ \ \	(40=		OR	X80=	
<u></u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		-				070	
							<u>_</u>	135=		OR	+270=	
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	[×	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=] ;	(40=		i	X80=	
	FIRST PRESE	NTATION OF N	NULTIPLE DE	PENDEN	T CLAIM	1	J ├ 	. 10-		OR		
						- l	+	135= TOTAL		OR	+270=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT. FEE	
**	*If the "Highest Nu	umber Previously I	Paid For" IN Th aid For" (Total	HS SPACE	: is less th dent) is th	ian 3, enter "3." se bighest numbi		IT. FEE in the ap	propriate bo	x in co	olumn 1.	